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ABSTRACT

This paper, presented at a symposium on expanding the research base of systems of care for children's mental health, describes an ongoing study of school reform in urban settings and effects on youth with emotional and/or behavioral disabilities and their families. The paper presents information on the first 99 (out of an expected 200) youth and their families recruited into the study. Descriptive data include demographic information; history of behaviors; cognitive, academic, and school functioning; emotional and behavioral problems and functional impairment; past and current service utilization; and parent satisfaction. These students are from eight schools in either Maryland or Ohio. The majority of these students are black males within the average to low-average range of intelligence. They have elevated scores on the Child Behavior Checklist, indicating a high level of symptomatology that is intervening with functioning as measured by the Columbia Impairment Scale. The students are primarily from single-parent families and behind their non-handicapped peers in reading and math skills. Average age of onset of symptoms was 5.9 years with first service received at an average of 7.3 years. Although multiple models of mental health service delivery are operating at the various schools, school personnel deliver the majority of mental health services. (DB)

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Introduction

The Urban School and Community Study is designed to further the understanding of school reform and restructuring activities. Specifically, this study will describe restructuring activities in a sample of urban schools and examine the impact of these activities on children identified as having emotional and behavioral disabilities who are served in special education programs.

The over arching goals of this study are to develop an empirical measure of school reform and to examine the relationships between different levels of school reform activity and student functioning. The study will eventually contain 16 schools (four urban areas with four schools from each area) and will be able to describe approximately 200 students and their families. The purpose of this paper is to present information on the first 99 youth and their families recruited into the study.

Methodology

Measures of School Reform and Restructuring

To measure restructuring activities within the schools, a model was constructed based on the extant literature describing "best practices" or hypothesized critical aspects of school reform and restructuring activities. Six areas of restructuring were identified as being important aspects of school reform and restructuring: (a) governance, (b) accountability, (c) curriculum and instruction, (d) parent involvement, (e) includedness, and (f) pro-social discipline. Structured interviews held with multiple informants at each participating school were transcribed and scored according to the six areas listed above. The scores resulting from rating the interviews from school personnel are referred to as the School Reform and Restructuring Index (SRRI) scores.

Sample

Through a national recruitment effort, four schools in Maryland and four schools in Ohio were nominated and selected to participate in this study. The schools included two high schools, one middle school, one school that serves students in grades K-8, and four elementary schools.

Voluntary consent to participate was obtained from 99 of 118 caregivers of study-eligible students formally identified as having an emotional or behavioral disability by their school and served in a special education program. Participants and non-participants did not differ significantly on gender $\chi^2(1, N = 118) = .02$, $p = 1.0$; race $\chi^2(1, N = 118) = .002$, $p = 1.0$; age $t(116) = -.49$, $p = .63$; nor cost of school meal(s) $\chi^2(1, N = 118) = 2.67$, $p = .12$. The 99 participants were being served in eight schools that were nominated and selected to participate in the study by leaders in the local school and included two high schools, one middle school, one school that serves students in grades K-8, and four elementary schools.

Instruments

- ***Academic Achievement.*** The Wide Range Achievement Test-III (WRAT-III; Wilkinson, 1993) was used to measure youth's academic achievement levels in reading and math. Intelligence Quotients were obtained from the students' school records.
- ***Demographics and History of Emotional and Behavioral Problems.*** Parents/caregivers were administered a 51-item structured interview describing the youth's and family's demographic background. In addition, a history of emotional and behavioral problems was obtained.

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- ***Emotional and Behavioral Problems.*** The Child Behavior Checklist (CBCL; Achenbach, 1991) is a widely used instrument designed to measure behavioral and emotional problems for youth ages 4 to 18 years.
- ***Emotional and Behavioral Functioning.*** The Columbia Impairment Scale (CIS) provides a global assessment of functional impairment across four major functional areas: interpersonal relations, certain broad areas of psychopathology, functioning at school, and use of leisure time (Bird et al. 1993; Bird et al., 1996).
- ***Service Utilization.*** The parent version of the Service Assessment for Children and Adolescents (SACA; Stiffman et al., 2000), which was modified for use in this study, is designed to assess the utilization of mental health services by children and adolescents.
- ***Teacher Reports.*** Information was also reported by teachers on any related services the student's may have received from either school personnel or agency personnel who provided services to the students during the school day at the school. These services included individual or group counseling, case management, medication management, or other services designed to help the student with their behavioral or emotional functioning.

Results

Demographic Information

Most of the 99 participants were male (83%), black (83%), and received free or reduced price school meals (71%). The average age of the participants was 13.0 years of age. Sixty percent of students lived in a single-parent household and 64% of households were above the poverty level with an average annual income of $25,855.

History of Behaviors

According to reports from parents/caregivers, their child's emotional and/or behavioral problems were first noticed by caregivers or relatives at an average age of 5.9 years (SD = 2.5). The first service for these problems was received at an average age of 7.3 years (SD = 2.6). On average, the youth spent 63% of their entire school career enrolled in a special education setting.

Cognitive, Academic, and School Functioning

The students' average IQ score was 78.1 (SD = 11.8). The average WRAT score on the reading subtest was 78.4 (SD = 16.6) and 74.5 (SD = 12.0) on the math subtest. On average, students in the study were absent from school about 20.5 days during the current school year. Twenty-seven percent of students received an in-school suspension (ISS) for an average of 1.2 days (SD = 2.5) and 51% of students received out-of-school suspensions (OSS) for an average of 5.9 days (SD = 13.3) during the current school year. In the current school, 95% of their time had been enrolled in special education.

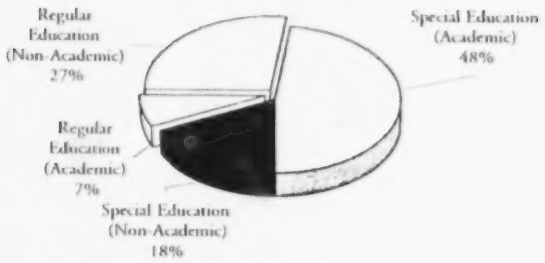
In the current school, 66% of the youths' time was spent in a classroom restricted to special education students and the majority of this time was spent on academic activities (see Figure 1). The students spent more time in a special education setting when compared to national averages, with 73% of the current sample spending over 61% of their day in a special education classroom compared to 41% nationally.

Emotional and Behavioral Problems and Functional Impairment

Scores on the CBCL are standardized to T-scores (M = 50, SD = 10) with higher scores indicating greater behavior problems. A T score above 63 is considered in the *clinical range* and a score between 60 and 63 is considered as *borderline*. The average Total Problems Scale score (M = 66.2, SD = 9.1) placed 76% of the participants in the borderline or clinical ranges.

The CIS yields a total impairment score that can range from 0 to 52. A score of 16 or above is considered to be in the clinical range of impairment. The average CIS score was 18.7 (SD = 9.7), placing the majority of students (61%) in the clinical range of functional impairment (see Table 1).

Figure 1
Proportion of Time per Week Students Spent in a Special Education Environment[1] for Both Academic[2] and Not-academic[3] Activities and in a Regular Education Environment (*N* = 99)


Regular Education (Non-Academic) 27%
Special Education (Academic) 48%
Regular Education (Academic) 7%
Special Education (Non-Academic) 18%

Total % of week in regular education = 34%
Total % of week in special education = 66%

[1]A special education environment is any classroom that is restricted to only students enrolled in special education programs.

[2]Academic activities include Language Arts (English), Math, Reading, Science, Social Science, and other Languages (Spanish, etc.).

[3]Non-academic activities include Music, Art, Physical Education, Homeroom, passing time between classes, Economics, Speech or Language Therapy, Vocational, Beaks/Recess, Social Skills, Computers, Work-Study, Transitions, Library/Media, Study Hall, Lunch, or home.

Table 1
Means, Standard Deviations, and Range of Scores on the Child Behavior Checklist (CBCL), and the Child Impairment Scale (CIS) (*N* = 99)

Scale	*%*[1]	*Mean*	*SD*	*Range*
CBCL[2]				
Total Problem Score		66.2	9.1	39-84
Clinical (> 63)	60			
Borderline (60-63)	16			
Normal (< 60)	24			
Externalizing Score		67.0	9.1	37-91
Clinical (> 63)	66			
Borderline (60-63)	13			
Normal (< 60)	21			
Internalizing Score		60.8	12.1	33-90
Clinical (> 63)	40			
Borderline (60-63)	19			
Normal (< 60)	40			
CIS Total Score[3]		18.7	9.7	3-43.3
Clinical Range (≥ 16)	61			
Non-Clinical (< 16)	39			

[1]Percent may not equal 100 due to rounding.

[2]The Child Behavior Checklist is standardized to a mean of 50 and standard deviation of 10. Scores greater than 63 are in the clinical range, 60-63 are in the borderline range, less than 60 are in the normal range.

[3]The Columbia Impairment Scale total score can range from 0 to 52 with a score of 16 or above considered to be in the clinical range of impairment.

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Past and Current Service Utilization

School personnel provided the majority of services with 69% of students receiving services during the current school year. The most common school services were individual counseling (61% of students) with an average of 5.5 contacts per month, and group counseling (58% of students) with an average of 6.3 contacts per month.

Nearly half (42%) of the students had used an inpatient service during their lifetime with an average of 4.2 admissions beginning at 8.6 years of age. Additionally, 19% of the students used an inpatient service in the past year with an average of 1.6 different service types being used during the past year.

With respect to outpatient services, 88% of students had received these services during their lifetime and 62% of these students had used an outpatient service in the past year. The average age of first use was eight years and they had used an average of 2.6 different service types.

Parent Satisfaction

On a scale of 1 to 4, with 4 being *most satisfied*, parent ratings indicated satisfaction with both educational and related services delivered in their child's school (M = 2.8, SD = .9 and M = 2.9, SD = .8, respectively). In addition, parents indicated that the involvement of all parents was moderately low and that they were somewhat involved with their child's education (M = 2.5, SD = 1.2 and M = 3.2, SD = .8, respectively).

Discussion

The majority of students were black males within the average to low-average range of intelligence. They have elevated scores on the CBCL indicating a high level of symptomatology that is interfering with functioning as measured by the CIS. As in other studies, these students are primarily from single parent families and behind their non-handicapped peers in reading and math skills. It is noteworthy that the average age of onset of symptoms (5.9 years) and the average age at which the first service was received (7.3 years) were almost identical to findings in other studies of this population (Duchnowski, Hall, Kutash, & Friedman, 1998; Greenbaum et al., 1998). Clearly, these children have a long history of emotional and behavioral problems, and at the time of this study they continued to exhibit emotional and behavioral disabilities at a severe level. While there are multiple models of mental health service delivery operating in these schools, it is school personnel who are delivering the majority of mental health services.

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